

HOME OCCUPATION PERMIT APPLICATION Teton County, Idaho

The planning staff is available to discuss this application and answer questions. Once a complete application is received, it will be reviewed by the Planning Administrator or his/her designee, and a determination will be made regarding compliance with County Ordinances. It is recommended that the applicant review Title 8 of the Teton County Code (8-6-4). Application materials may be viewed on the Teton County Idaho website at www.tetoncountyidaho.gov.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

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Owner:			
Applicant:		_ E-mail:	
Phone: ()	_ Mailing Address:		
City:	State:	Zip Co	ode:
Location and Zoning District:			
Address:	ss: Parcel Number:		
Section:	_Township:	_ Range:	Total Acreage:
Zoning District:	_ Occupation Type:		
Brief Description of Operations:			
 □ Latest Recorded Deed to the Property □ Application Fee in accordance with the current Fee Schedule □ Affidavit of Legal Interest □ Taxes are paid to date 			
I, the undersigned, have reviewed items listed below are required f Planning Administrator or his/her	for my application to be c		
Applicant Signature:		Date:	
Owner Signature:		Date:	

THE FOLLOWING PERFORMANCE STANDARDS WILL BE USED TO EVALUATE THIS APPLICATION. PLEASE ANSWER EACH QUESTION COMPLETELY USING A SEPARATE PAGE IF NECESSARY. PLEASE REFER TO THE TETON COUNTY ZONING ORDINANCE, TITLE 8-6-4 FOR ADDITIONAL INFORMATION.

1.	Is the use in compliance with performance standards of Teton County Zoning Ordinance (Title 8)?			
2.	Does the display of any goods, wares, etc. comply with requirements?			
3.	Has the residence received a Certificate of Occupancy? Date Issued			
4.	Will customers or clients visit the home? If so, how many per day and during what hours?			
5.	Will there be deliveries to the home? If so, how many per week and during what hours?			
6.	Will there be any employees that are not a resident of the dwelling? How many?			
7.	How many dwelling units are on the parcel?			
8.	Will there be any health/safety factors to consider?			
	If yes, please describe:			
	How will these issues be addressed?			
9.	Will there be any outdoor lighting? If so, please describe how it will meet the County's Outdoor Lighting			
	Standards.			
10.	Will there be any manufacturing?			
	If so, will it be done with automated equipment?			
11.	What is the square footage of the primary or dwelling unit?			
12.	What is the square footage of the area to be used? (shall not exceed 1/3 of the dwelling)			
13.	Will there be a need/provision for off street parking?			
	If yes, how many spots will be needed? How will this parking be provided?			
14.	Will there be a need/provision for outdoor storage?			
	If yes, please describe:			
15.	Will there be any retail sales on the premises? If so then please describe:			
16.	Will there be any signage on the premises?If so, then describe:			
17.	What is the expected effect on the traffic to and from the residence?			
18.	Will there be any vehicles used in the operation of the occupation?			
	Please describe:			
Re	viewed by: Date:			
	Approved Denied			
Ad	ditional Comments:			

This permit is valid for two (2) years from the date of issuance. A permit may be renewed for an additional two (2) years with the submittal of the renewal application. There is no limit to the number of renewal permits requested.